OIP Appln No. 10/019,563 Amost date July 3, 2003

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail No. EL483654154US in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 3, 2003.

Signature

Appl No.

: 10/019,563

Applicant

: Jan O. Solem, et al.

Filed

: July 1, 2002

Title

: DEVICE AND METHOD FOR TREATMENT OF MITRAL

INSUFFICIENCY

TC/A.U.

: 3738

Examiner

: To be assigned

Docket No.

: 49989/MEG/E303

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TECHNOLOGY CENTER R3700

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Post Office Box 7068 Pasadena, CA 91109-7068

Commissioner:

#### SECOND PRELIMINARY AMENDMENT

Amendments to the Claims are reflected in the list of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

07/09/2003 TBESHAH1 00000066 10019563

01 FC:1202

324.00 OP 336.00 OP

02 FC:1201 336.00



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE AMENDMENT TRANSMITTAL LETTER

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**Applicant** 

: Jan O. Solem, et al.

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July 3, 2003

### Commissioner:

Enclosed is an amendment to the above-identified application.

	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	38	*20	18	x \$9.00	18 x \$18.00	\$324.00
Independent Claims	7	** 3	4	x \$42.00	4 x \$84.00	\$336.00
Multiple Dependent Claims ***				\$140.00	\$280.00	
TOTAL FILING FEE						\$660.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQ	UIRED, INSER	T "0"			

- \* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3
- \*\* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3
- \*\*\* PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME
- \*\*\*\* IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON FEE AMENDMENTS"

<u>X</u>	Attached is our check for \$660.00 to pay the fees calculated above
	A Petition for Extension of Time and the required fee are enclosed
	Other enclosures:

# Amendment Transmittal Letter Application No. 10/019,563

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

Mark Garscia

Reg. No. 31,953 626/795-9900

MEG/mas

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